FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informati	ion													1			
1. Name and Mailing Address of	f Re	spondent															
Missouri Valley Communications, Inc PO Box 600 Scobey, MT 59263														Check here if this is a change of address.			
2. Year Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected																	
2019				h 2019	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Employ	yees																
		Number of Employees (Report employees in only one category)															
Job			Race/Ethnicity														
Categories	Ī	Hispa		Not-Hispanic or Latino													
		Latino				Ma	ale					Columns A - N					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	ľ	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2			2		l l										2	
Professionals	2			1												1	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5		1							2						3	
Craft Workers	6			10							1					11	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9			1												1	
TOTAL	10	0	1	14	0	0	0	0	0	2	1	0	0	0	0	18	
PREVIOUS YEAR TOTAL	11	0	0	13	0	0	0	0	0	4	1	0	0	0	1	19	

SECTION III - Part-Time Employ	/ees.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	SA.	Hispanic or		Not-Hispanic or Latino													
	Latino				M	ale			Female						Columns A - N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	Α	В	С	D	E	F	G	н	L	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	.1														0		
First/Mid-Level Officials and Managers	.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL 1	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL 1	1 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
SECTION IV - Report of Discrim	ination Comp	olaints Pursua	ant to 47 CFF	22.321, 23.5	55, 90.168, 10 ⁻	1.4, and 101.	.311.		•				***************************************				
This is to advise the company before any									itorial, or loca	al statutes hav	ve been filed a	gainst this					
This is to advise the (Attach a list indicati	Commission to	hat the following	ng complaints	alleging viola	tions of the pr	ovisions of a	ny equal empl	oyment oppor									
SECTION V - Certification																	
I certify that to the best of my kno				ents in this re													
	rped or Printed Mike Kil		on Signing			Signature	n.to	111.		Telephone No. (406) 783-2200							
Title of Person Signing General Manager	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE POINSHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION																